

ORO KEYLESS ACCESS AUTHORIZATION			
USER INFORMATION			
NAME:		SOCIAL SECURITY NUMBER: (See Privacy Act on reverse)	
EMPLOYER:		ROUTING SYMBOL:	
LOCATION:		TELEPHONE:	
ACCESS INFORMATION			
PLEASE CHECK <u>ONE</u> OF THE FOLLOWING: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div><input type="checkbox"/> NEW ISSUE</div> <div><input type="checkbox"/> ACCESS ADDITION</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div><input type="checkbox"/> REPLACE EXISTING ACCESS</div> <div><input type="checkbox"/> DELETION OF ACCESS</div> </div>			
PURPOSE FOR ACCESS INCLUDING FREQUENCY:			
CLEARANCE INFORMATION			
CLEARANCE LEVEL:		BADGE NUMBER:	
ACCESS AREAS			APPROVAL SIGNATURES
<input type="checkbox"/> 1. General Bldg Access includes Federal Bldg, 55 Jefferson Bldg, & Protective Force Headquarters. <input type="checkbox"/> 2. OSTI LMES Areas <input type="checkbox"/> a. Audits <input type="checkbox"/> b. Procurement <input type="checkbox"/> 3. Inspector General Areas (<u>Requires IG Approval</u>) <input type="checkbox"/> a. Audits <input type="checkbox"/> b. Investigation <input type="checkbox"/> 4. 2714 Complex (<u>Requires approval by SSD & appropriate Security Clearance</u>) <input type="checkbox"/> 5. Oak Ridge Operations Center (<u>Requires approval by EMPO & appropriate Security Clearance</u>) <input type="checkbox"/> 6. Computer Server Areas (<u>Requires approval by IRMD ADP & Telecom Leader or Designee</u>)			
OTHER:	BUILDING	AREA(S)	DOOR(S)
REQUESTED BY		APPROVAL	
<div style="margin-bottom: 20px;"> _____ User Signature (See Privacy Act on reverse) Date </div> <div style="margin-bottom: 20px;"> _____ Division Director, COR or SEB Chair* Date </div> <div> *If this form is disapproved for any reason, please write explanation in the space provided on reverse side of this form. </div>		<div style="margin-bottom: 20px;"> _____ IRMD Facility Manager or Designee Date </div> <div style="margin-bottom: 20px;"> _____ Federal Building Complex Security Manager* Date </div> <div> *If this form is disapproved for any reason, please write explanation in the space provided on reverse side of this form. </div>	
FOR OFFICIAL USE ONLY			
_____ Access Code Issuer Date		_____ User Signature (upon receipt of code) Date	
ACCESS CODE:		ALERT CODE:	
USER NUMBER:			
ENTERED BY:		DATE:	

TECHNICIAN NOTES:

FORM NUMBER ORF 5335 (OCT 2001)

Privacy Act Notice: This information is provided pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a.

DOE-51 -- Employee and Visitor Access Control Records

Collection of the information requested on this form is authorized by 5 U.S.C. 301, the Department of Energy Organization Act, including authorities incorporated by reference in Title III of the Department of Energy Organization Act; Executive Order 12009.

Personal information obtained from this form is maintained in the system of record DOE-51, Employee and Visitor Access Control Records, which covers individuals visiting DOE facilities and DOE employees seeking access to DOE facilities and classified records.

Providing your Social Security number on this form is voluntary, however, if the information is not provided, assignment of an access code would be delayed in order to verify identification and clearance status.

Routine uses of information maintained in this system include DOE contractors-to control access to classified information and areas. Additional routine uses are listed in Appendix B, Federal Register, Vol. 47 No. 64, dated April 2, 1982.

DISAPPROVED BY: _____ **DATE:**_____

REASON FOR DISAPPROVAL:
